



Certificate ID: XXXX-XXXX

Application Number: XXXX-XXXX

[DD Month 20YY]

CERTIFICATE

1. Pursuant to the provisions of Rule 44 of the Federal Rules of Civil Procedure, I hereby certify that

...

[Body/Text of "Certificate"]

...

Department of Health and Human Services to be affixed this [Month DD, 20YY].

[*Signature*]

[Director's Name]

Director, Office of Cosmetics and Colors  
Center for Food Safety  
and Applied Nutrition

By direction of the Secretary of  
Health and Human Services

This Certificate expires on [Month DD, 20YY].

